0412

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ALA

MARYLAND STATE DEPARTMENT OF HEALTH

00405

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

Charles

1. PLACE OF DEATH: COUNTY Bell Alton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Dont Known
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) (Last) ALLEN
4. DATE OF DEATH (Month) 1 (Day) 23 (Year) 1954
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH
9. AGE last birthday what 41 yrs.? If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) unknown
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 9
16. SOCIAL SECURITY NO. 242-09-9278
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

932.9 Immediate cause (a) Coronary Occlusion — 1-23-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Exposure — 1-23-54

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alcoholism — 1-23-54

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Bell Alton (COUNTY) Chas (STATE) Md
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. J. Hedelen (Degree or title) md. ADDRESS La Plata Md DATE SIGNED 1-24-54

23. [illegible] CREMATION [illegible] (Specify) Removal
DATE THEREOF 2/2/54
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. 2/2/54
REGISTRAR'S SIGNATURE M. L. Moore
Julia Posey mnt
24. FUNERAL DIRECTOR Francis A Hemsley 578 W Biddle St ADDRESS

RECEIVED
FEB 5 1954
BUREAU V. S.

0413

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00406

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Chas MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Rural X
LENGTH OF STAY (in this place) 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Walter (Last) Brown

4. DATE OF DEATH (Month) Jan (Day) 8 (Year) 1954

5. SEX M

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Oct 27 1953

9. AGE last birthday yrs. If under 1 year Months 2 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Charles Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George R. Brown

14. MOTHER'S MAIDEN NAME Myrtle Duckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS George R Brown Waldorf Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Toxemia — INTERVAL BETWEEN ONSET AND DEATH 1-8-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho Pneumonia — 1-8-54

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Waldorf (COUNTY) Chas (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. Fedelen (Degree or title) MD. ADDRESS La Plata Md. DATE SIGNED 1-9-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 1/9/54

NAME OF CEMETERY OR CREMATORY St. Marys

LOCATION (City, town, or county) Bryantown (State) Md

DATE REC'D BY LOCAL REG. 1-12-54

REGISTRAR'S SIGNATURE M. L. Monroe

24. FUNERAL DIRECTOR Hunt + Ryan, Waldorf, Md ADDRESS

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JAN 14 1954
BUREAU V. S.

0414

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00407

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Victoria X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural give location) Mt Victoria

3. NAME OF DECEASED: (Type or Print) (First) Stephen (Middle) (Last) Brown.
4. DATE OF DEATH: (Month) Jan. (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charles Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Brown
14. MOTHER'S MAIDEN NAME: Ann Caroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-30-0240
17. INFORMANT & ADDRESS: Hattie M Brown Mt Victoria Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) CEREBRAL HEMMORRAGE — Interval Between Onset And Death: 1 DAY

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) HYPERTENSION

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: none
MT VICTORIA
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) 1 (COUNTY) CHARLES (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 1-23, 1955, and that death occurred at 1-24-54, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest Spencer Jr. MD — ADDRESS Bel Alton Md — DATE SIGNED 1-24-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-26-54
NAME OF CEMETERY OR CREMATORY Shilo
LOCATION (City, town, or county) (State) Waysede Md

DATE REC'D BY LOCAL REGISTRAR 1/26/54
REGISTRAR'S SIGNATURE Julia H Casey
24. FUNERAL DIRECTOR Hewitt & Ryon — ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 28 1954
BUREAU V. S.

0415

MARYLAND STATE DEPARTMENT OF HEALTH

00408

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Hughesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) PHILIP (Middle) (Last) COATES

4. DATE OF DEATH (Month) JAN. (Day) 23 (Year) 1954

5. SEX M

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH OCT. 14 1886

9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor

10b. KIND OF BUSINESS OR INDUSTRY farm

11. BIRTHPLACE (State or foreign country) Charles Co. Md.

12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME Frank Coates

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Irene Williams, Hughesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1-23-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) Md. ADDRESS La Plata Md DATE SIGNED 1-24-54

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE THEREOF 1/27/54

NAME OF CEMETERY OR CREMATORY St. Marys Cemetery

LOCATION (City, town, or county) (State) Bryantown, Md.

DATE REC'D BY LOCAL REG 1/28/54

REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Huntt & Ryon ADDRESS Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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00409

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 104

1. PLACE OF DEATH: COUNTY ~~Wayside~~ Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside X
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Mineral
STREET ADDRESS (If rural, give location) V83-3

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) (Last) Coleman
4. DATE OF DEATH (Month) 1 (Day) 8 (Year) 1954
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH unknown
9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) logging
10b. KIND OF BUSINESS OR INDUSTRY Saw mill
11. BIRTHPLACE (State or foreign country) Va
12. CITIZEN OF WHAT COUNTRY? V.S.11
13. FATHER'S NAME Lloyd Coleman
14. MOTHER'S MAIDEN NAME Lola Cushingberry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS James Johnson Mineral Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

912.3

Immediate cause (a) Complete halving of body — 1-8-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) from left shoulder to groin

(c) Caught in buzz saw — 1-8-54

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Mill
(CITY OR TOWN) Morgantown (COUNTY) Chas (STATE) Md.
TIME OF INJURY (Month) 1 (Day) 8 (Year) 54 (Hour) 9:30 m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Caught glove in saw and pulled into same

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 1-8-54

23. BURIAL, CREMATION REMOVAL (Specify) Bond
DATE THEREOF 1/11/54
NAME OF CEMETERY OR CREMATORY Coleman Family Cemetery
LOCATION (City, town, or county) Mineral (State) Va
DATE REC'D BY LOCAL REG. 1-8-54
REGISTRAR'S SIGNATURE M. L. Mourdz
24. FUNERAL DIRECTOR Houtt & Ryon ADDRESS Waldorf Md

Wm. J. Frere mnt.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JAN 11 1954
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata.
LENGTH OF STAY (in this place) 18 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital, La Plata. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata. X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) DIXON

4. DATE OF DEATH: (Month) Jan (Day) 10 (Year) 1954

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: 9 Jan 54

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours 18 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis CAMPBELL

14. MOTHER'S MAIDEN NAME: LILLIAN DIXON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Louis CAMPBELL, LA PLATA, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 776X

Immediate cause (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Prematurity, 5 months gestation

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Jan, 1954, to 10 Jan, 1954, that I last saw the deceased alive on 10 Jan, 1954, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE S Woody (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 10 Jan 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 1/11/54

NAME OF CEMETERY OR CREMATORY Family Plat

LOCATION (City, town, or county) (State) La Plata Md

DATE REC'D BY LOCAL REG. 1/11/54

REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Louis Campbell, La Plata, Md ADDRESS

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BUREAU V. S.

6418

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 101

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully (if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Charles — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rison
LENGTH OF STAY (in this place): 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rison
STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): (First) Lonnie (Middle) Maurice (Last) Dorsey

4. DATE OF DEATH: (Month) Jan. (Day) 8th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 27 1953

9. AGE last birthday: yrs. — If under 1 year: Months / Days: 11 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Rison, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Keith

14. MOTHER'S MAIDEN NAME: Alice Lizzie Mae Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Alice Lizzie Mae Dorsey (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

500 X

Immediate cause (a): Tracheo-Bronchitis acute — Interval Between Onset and Death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Prematurity ("was eight months" - Baby) — (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank Rison M.D (Degree or title) — ADDRESS: Indian Head, Md — DATE SIGNED: 1-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-8-54 — NAME OF CEMETERY OR CREMATORY: Alexander M.E Church — LOCATION (City, town, or county): Rison — (State): Md

DATE REC'D BY LOCAL REG.: 1-8-54 — REGISTRAR'S SIGNATURE: Mary Sutherland — 24. FUNERAL DIRECTOR: Richard Dorsey (acting funeral director) — ADDRESS: Rison, Md

RECEIVED
JAN 20 1954
BUREAU V. S.

0419

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Rock Point X
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Issue
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joan (Middle) (Last) EDELEN

4. DATE OF DEATH: (Month) 1 (Day) 20 (Year) 1954

5. SEX: F
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: 1-20-54
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 30

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CLAUDE EDELEN
14. MOTHER'S MAIDEN NAME: LEOLA HILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: CLAUDE EDELEN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 X

Immediate cause (a) PREMATURITY 7 MOS. Interval Between Onset And Death 1-20-54

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Wt 2# 8 oz

DUE TO

(c) Unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/20/54
NAME OF CEMETERY OR CREMATORY Holy Ghost Cemetery
LOCATION (City, town, or county) Issue (State) Md

DATE REC'D BY LOCAL REGISTRAR 1/20/54
REGISTRAR'S SIGNATURE William J Frere
24. FUNERAL DIRECTOR Claude Edelen — ADDRESS Issue, Md

BUREAU V. S.

0420

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00413

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata ~~Indian Head~~ X
LENGTH OF STAY (in this place) 10 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial La Plata, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Indian Head, Md.
STREET ADDRESS (If rural give location) Potomac Heights

3. NAME OF DECEASED: (Type or Print) Baby (First) Girl (Middle) Frances Elaine (Last) Estevez

4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: 1/19/54
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 9 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? ~~X~~

13. FATHER'S NAME: James Estevez.
14. MOTHER'S MAIDEN NAME: Betty June McNeil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) 4 (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: James Estevez, Potomac Heights, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

761.0

Immediate cause (a) Asphyxia due to hyalin membrane

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Intrauterine distress due to

DUE TO

(c) short umbilical cord.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/19, 1954, to 1/19, 1954, that I last saw the deceased alive on 1/19, 1954, and that death occurred at 11:50 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard Daly, M.D. ADDRESS La Plata, Md. DATE SIGNED 1/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/21/54
NAME OF CEMETERY OR CREMATORY St. Ignatius
LOCATION (City, town, or county) Bel-Alton, Md. (State)
DATE REC'D BY LOCAL REGISTRAR 1/21/54
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN
BUREAU V. S.

0421

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE N.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Winston-Salem 70X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Gist
4. DATE OF DEATH (Month) 1 (Day) 9 (Year) 1954

5. SEX M.
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep.
8. DATE OF BIRTH 1890
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Lumber Yard
11. BIRTHPLACE (State or foreign country) S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Isaac Gist
14. MOTHER'S MAIDEN NAME Mattie Floyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS John Gist, Winston-Salem, N.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1-9-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.) Home (CITY OR TOWN) Waldorf (COUNTY) Chas (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Hedden M.D. ADDRESS La Plata Md DATE SIGNED 1-9-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/10/54
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) (State) Winston-Salem N.C.

DATE REC'D BY LOCAL REG. 1-12-54
REGISTRAR'S SIGNATURE M. L. Mourer
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V. S.

C422

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Phys Mem Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charlotte Hall
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Goldsmith
4. DATE OF DEATH: (Month) 1 (Day) 7 (Year) 54
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Jan 1 1882
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker
10b. KIND OF BUSINESS OR INDUSTRY: Trinity Church
11. BIRTHPLACE (State or foreign country): Charles Co Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Townley Goldsmith
14. MOTHER'S MAIDEN NAME: Elizabeth Welch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Grace Goldsmith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory Collapse — 1 1/2 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Phenol ingestion — 16 hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, etc.): Home
(CITY OR TOWN) Near Charlotte Hall (COUNTY) Chas (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ✓, homicide ___, undetermined ___.*

SIGNATURE: J. Edelen (Degree or title) M.D. ADDRESS: La Plata Md. DATE SIGNED: 1-8-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Jan 9, 1954
NAME OF CEMETERY OR CREMATORY: Christ Church
LOCATION (City, town, or county) (State): Wayside Md
DATE REC'D BY LOCAL REG.: 1/13/54
REGISTRAR'S SIGNATURE: Julia H Pasey
24. FUNERAL DIRECTOR: Hunt & Ryon — ADDRESS: Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Welcome X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welcome X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) C. (Last) Greer

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: Oct. 3, 1880

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John McCarthy

14. MOTHER'S MAIDEN NAME: Catherine Hewett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: McCarthy Greer, Welcome, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Cerebral Hemorrhage DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 1-20-54
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c) Cardio Renal Vas. Disease 1952

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 19 54 to 1-29 19 54 that I last saw the deceased alive on 1-29 19 54 and that death occurred at 4:00 A.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
R. E. Eddelman MD La Plata Md 1-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2/1/54
NAME OF CEMETERY OR CREMATORY St. Ignatius
LOCATION (City, town, or county) (State) Hilltop, Md
DATE RECD BY LOCAL REG. 1/29/54
REGISTRAR'S SIGNATURE Julia H Pascoe
24. FUNERAL DIRECTOR ADDRESS Hewett & Ryon, Waldorf, Md.

RECEIVED
FEB 1
BUREAU V. S.

0424

00417

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Chas MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton X
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bel Alton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) MARION (Last) HAYDEN
4. DATE OF DEATH (Month) JAN (Day) 13 (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 9 1904
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Chas Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Maurice Hayden
14. MOTHER'S MAIDEN NAME Mary C Simpson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-07-6264
17. INFORMANT AND ADDRESS Clifford Hayden La Plata Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH 1-13-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) C. Edelen M.D. ADDRESS La Plata Md DATE SIGNED 1-14-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/16/54
NAME OF CEMETERY OR CREMATORY St Ignatius
LOCATION (City, town, or county) (State) Bel Alton Md
DATE REC'D BY LOCAL REG. 1/15/54
REGISTRAR'S SIGNATURE Julia H Posey
24. FUNERAL DIRECTOR Hurtt & Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JAN
BUREAU V. S.

0425 M

509

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lucius (Middle) LOCKS
4. DATE OF DEATH (Month) 1 (Day) 24 (Year) 1954
5. SEX M
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 1883
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Chas Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Benjamin Locks
14. MOTHER'S MAIDEN NAME Ann M Sivers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS John Locks Brandywine Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 1-24-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vas. Ren Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. Hedelen M.D. (Degree or title) ADDRESS La Plata Md DATE SIGNED 1-25-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/27/54
NAME OF CEMETERY OR CREMATORY St John Cemetery
LOCATION (City, town, or county) (State) Benedict Md

DATE REC'D BY LOCAL REG. 2/19/54
REGISTRAR'S SIGNATURE A. [illegible]
24. FUNERAL DIRECTOR Hont & Lyon Waldorf Md ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
FEB. 1[illegible] 193[illegible]
BUREAU V. S.

Item 7 Film G160 1/15/54 mnt

0426

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest) OR TOWN ~~FAULKER~~ Faulkner
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. PIKESVILLE COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE
STREET ADDRESS (If rural, give location) 107 WALDRON AVE.

3. NAME OF DECEASED (Type or Print) Last SERGI First ANTHONY F Jr.
4. DATE OF DEATH (Month) 1 (Day) 3 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH OCT. 17 1931
9. AGE last birthday 22 YRS. yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service of U.S.A. Navy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) BALTO. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME ANTHONY SERGI SR.
14. MOTHER'S MAIDEN NAME ELIZABETH DE PALMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Korean
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Anthony Sergi Sr. 107 Waldron Av

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X

Immediate cause (a) Cerebral hemorrhage — 1-3-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) and Crushed Chest — 1-3-54

(c) auto accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. auto accident - driver — 1-3-54

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway 301 (CITY OR TOWN) Faulkner (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) 1 (Day) 3 (Year) 54 (Hour) 8:30 pm.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? auto accident, head on collision 2 cars

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE E J Redelen (Degree or title) MD ADDRESS La Plata Md DATE SIGNED 1-3-54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 1/7/54
NAME OF CEMETERY OR CREMATORY Holy Redeemer Moravia
LOCATION (City, town, or county) Md. (State) Ave & Belair Rd. Balto.

DATE REC'D BY LOCAL REG. 1/6/54
REGISTRAR'S SIGNATURE A. W. Hedrick Dir.
24. FUNERAL DIRECTOR Frank Della Voce ADDRESS 322 S. High St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

3427

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Port Tobacco X
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Port Tobacco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) STELLA (Middle) — (Last) SIMMONS

4. DATE OF DEATH: (Month) JAN. (Day) 14 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: NOV. 26, 1889

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HSWFE.

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): FISHING CREEK MD.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ROBERT LEWIS

14. MOTHER'S MAIDEN NAME: LOUISA CREIGHTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: MRS. HELEN NALLEY ; PORT TOBACCO MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
155 X Immediate cause	(a) CARCINOMATOSIS - GENERALIZED	3 WEEKS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO ADENOCARCINOMA OF GALL BLADDER WITH [redacted] METASTASES	2 MONTHS
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. MULTIPLE BILIARY CALCULI

19a. DATE OF OPERATION: DEC. 8-1953

19b. MAJOR FINDINGS OF OPERATION: ADENOCARCINOMA OF GALL BLADDER WITH LIVER METASTASES

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1946, to Jan. 14 1954, that I last saw the deceased alive on Jan. 14, 1954, and that death occurred at 11:58 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Warren Jarboe M.D. ADDRESS La Plata Md. DATE SIGNED Jan. 15/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 1-17-54 — NAME OF CEMETERY OR CREMATORY M.E. Fishing Creek — LOCATION (City, town, or county) Fishing Creek — (State) Md.

DATE REC'D BY LOCAL REG. 1/15/54 — REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Hewett & Ryon — ADDRESS Waldorf Md

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BUREAU V. S.

6428

MARGIN, RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY: Charles Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Alton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: N.Y. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville Center
STREET ADDRESS (If rural, give location): 82 Patten Ave. L.I.

3. NAME OF DECEASED (Type or Print): (First) Hester (Middle) (Last) Tierney
4. DATE OF DEATH: (Month) 1 (Day) 28 (Year) 54
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Apr 23, 1912
9. AGE last birthday: 41 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H W
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.C.
13. FATHER'S NAME: Henry Brewster
14. MOTHER'S MAIDEN NAME: Emma Wood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Joseph Tierney 165 Broadway NY City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X

Immediate cause (a) Crushed [illegible] — 1-28-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Auto accident — 1-28-54

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.): Highway 301 (CITY OR TOWN): Bel Alton (COUNTY): Chas (STATE): Md
TIME OF INJURY (Month) 1 (Day) 28 (Year) 54 (Hour) 2:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Driver of car in 2 car collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: [illegible] (Degree or title): md ADDRESS: La Plata Md DATE SIGNED: 1-28-54

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 1-29-54
NAME OF CEMETERY OR CREMATORY: Rockville Center
LOCATION (City, town, or county): Long Island (State): N.Y.
DATE REC'D BY LOCAL REG.: 1/29/54
REGISTRAR'S SIGNATURE: Julia H Posey
24. FUNERAL DIRECTOR: Hunt + Ryon ADDRESS: Waldorf Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road X
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rison
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Sprague (Middle) Andrew (Last) Wheeler

4. DATE OF DEATH: (Month) January (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 2, 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): St. Marys Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John H. Wheeler

14. MOTHER'S MAIDEN NAME: Alice Hayden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Sprague A. Wheeler, Bryans Road, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	5 hrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Heart Disease	1½ yrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to 1/14, 1954 that I last saw the deceased alive on Dec, 1953, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE Frank Duran M.D. (DEGREE OR TITLE) ADDRESS Indian Head, Md DATE SIGNED 1-14-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Jan 16, 54 NAME OF CEMETERY OR CREMATORY Sacred Heart LOCATION (City, town, or county) Bush Wood (State) Md

DATE REC'D BY LOCAL REG. 1/15/54 REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md ADDRESS

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00422

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
LENGTH OF STAY (in this place) 20
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings 04X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) Gertrude (Last) Wilkinson
4. DATE OF DEATH (Month) Jan. (Day) 6 (Year) 1954
5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH 12-29-1884
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) MD.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME William T. Jones
14. MOTHER'S MAIDEN NAME Ellen Norfolk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Owen T. Wilkinson, Owings, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.X

Immediate cause (a) Intracranial hemorrhage 1-

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. auto accident

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Highway 301 (CITY OR TOWN) Fordham (COUNTY) Clem (STATE) Md.
TIME OF INJURY (Month) 1 (Day) 3 (Year) 54 (Hour) 9P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Passenger in 2 car collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. Sedelen (Degree or title) MD ADDRESS La Plata Md. DATE SIGNED 1-6-54

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 1/6/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Owings, MD. (State)
DATE REC'D BY LOCAL REG. 1/6/54
REGISTRAR'S SIGNATURE Julia H Pasey
24. FUNERAL DIRECTOR Harry Hutchins, Owings, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
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0431

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00423

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys Mem Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Ch. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
STREET ADDRESS (If rural give location) 16X-2

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) (Last) WOODALL

4. DATE OF DEATH: (Month) 1 (Day) 31 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 1-31-54

9. AGE last birthday: yrs. 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 11, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: JOSEPH FORD WOODALL

14. MOTHER'S MAIDEN NAME: ETHEL ELOISE ANDREWS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): N

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Joseph Woodall, Accokeek, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 Immediate cause (a) ATELECTASIS — Interval Between Onset And Death: 1-31-54

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) PREMATURITY 33 WKS 4# 3 oz
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-31, 1954 to 1-31, 1954 that I last saw the deceased alive on 1-31-54, 19..... and that death occurred at 4 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) L. Medellin M.D. — ADDRESS LAPLATA MD — DATE SIGNED 2-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2/1/54 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) (State): Bushwood Md

DATE REC'D BY LOCAL REGISTRAR 2/1/54 — REGISTRAR'S SIGNATURE Julia H Posey

24. FUNERAL DIRECTOR — ADDRESS: Hunt & Ryon, Waldorf, Md.

VS. A15

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